

## HOME HEALTH SERVICES

Effective Date: 01/01/2016

Updated: 12/29/2015

CODE	PROCEDURE	FEE
99501	Home Visit Postnatal	\$13.38
99503	Home Visit Resp Therapy	\$12.21
99506	Home Visit Im Injection	\$32.24
99509	Home Visit Day Life Activity	\$13.85
99600	Home Health Lpn Visit, Per Hour	\$23.32
G0151	Home Health, Physical Therapy, 15 Min	\$9.51
G0152	Home Health, Occupational Therapy, 15 Min	\$9.51
G0153	Home Health, Speech And Language Therapy, 15 Min	\$13.77
G0155	Services Of Clinical Social Worker	\$18.73
G0156	Home Health, Home Health Aide Visit, 15 Min	\$8.56
G0299	Hhs/Hospice Of Rn Ea 15 Mins	\$13.23
G0300	Hhs/Hospice Of Lpn Ea 15 Min	\$10.90

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.